

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002761

STATE FILE NUMBER

AMENDED

Registration District No. 2-12

Primary Registration District No. 3044

Registrar's No. 7

FILED FEB 13 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Miller	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon	a. STATE Mo.	b. COUNTY Miller
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 South Grand		d. STREET ADDRESS (If outside, give location) 5 South Grand	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ruby Cecil Wallace		4. DATE OF DEATH Month Day Year January 18, 1962	
5. SEX female	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/29/16
9. AGE (last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (City and state or country) Eldon, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Vest E. Son		13b. MOTHER'S MAIDEN NAME Barcie Enloe	
14. NAME OF HUSBAND OR WIFE Jack Wallace		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address Jack Wallace Eldon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death unknown DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arrhythmia Fibrillation		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1950 to Jan 18 1962 and last saw her 10 Nov 1961 him alive on Death occurred at Time unknown died in hospital on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl F. Enloe M.D.		22b. ADDRESS Eldon Mo	
22c. DATE SIGNED 1-19-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1/20/62		23c. NAME OF CEMETERY OR CREMATORY Enloe	
23d. LOCATION (City, town, or county) Russellville, Mo.		23e. DATE RECD. BY LOCAL REG. Jan. 20, 1962	
23f. REGISTRAR'S SIGNATURE Alvaretta W. W.		24. FUNERAL DIRECTOR Phillips Funeral Home Eldon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.